

PTO/SB/05 (06-0 Approved for use through 07/31/2003. OMB 0651-0039-U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

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	UTILITY	Attorney Docket No.								
F	PATENT APPLICATION	First Inventor	VASILIOS I. THOMAIDIS							
	TRANSMITTAL	Title								
(Only for r	new nonprovisional applications under 37 GFR 1.53(b))	Express Mail Label No.								
See MPEP o	APPLICATION ELEMENTS  chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450							
See MPEP chapter 600 concerning utility patent application contents.  1. X Fee Transmittal Form (e.g., PTO/SB/17)  2. X (Submit an original and a duplicate for fee processing)  3. X (Specification or the processing of the processing or a computer program lating appendix  5. Statement Regarding Fed sponsored R & D.  6. Reference to sequence siteing, a table, or a computer program lating appendix  5. Statement Regarding Fed sponsored R & D.  6. Continuation of the Development of the processing or the processing o		Aissaméni Vá. 2313-1499  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide anclor Amino Acid Sequence Submission (if applicable, all necessary)  9. Computer Reader From (CRF)  1. CD-ROM or CD-R (2 copies); or  1. CD-ROM or CD-R (2 copies); or  1. Paper  2. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. (37 CFR 3.73(b) Statement Power of (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure (2 copies of IDS Information (Should be specificably itemized)  13. Return Receipt Postcant (MPEP 503)  14. Return Receipt Postcant (MPEP 503)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB135 (b)(EMB). L CORM.								
	NUING APPLICATION, check appropriate box, and sup lowing the title, or in an Application Data Sheet under 3		below and in the first sentence of the							
Contin	nuation Divisional Continua	tion-in-part (CIP) of pric	or application No.:							
Prior application information.  For CONTINUATION OF DIVISIONAL APPS only. The entire disclosure of the prior application, from which an eath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvenetity omitted from the submitted application parts.										
	19. CORRESPON	DENCE ADDRESS								
☐ Customer Number: OR ☐ Correspondence address below										
Name	VASILIOS I. THOMAIDI	\$								
Address	Address 14 km OF THESSALONIKI - MOUDANIA HIGHWAY									
City	THESSALONIKI	State THERMI	Zip Code PO EOX:445							
Country	GREECE	elephone +30-2310 -								
Name (Print/Type) Registration No. (Attorney/Agenti)										
Signature   Date   02.09.2003										

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PTO/SB/17 (05-03)
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FEE TRANSMITTAL			Complete if Known							
			Application Number							
for EV 2002		Filing Date								
for FY 2003		First Named Inventor			itor					
Effective 01/01/2003. Patent fees are subject to annual revision		Examiner Name								
Applicant claims small entity status. See 37 CFR 1.27		Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) 375		Attorney Docket No.								
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)									
Check C Credit cord Money Other None	3. ADDITIONAL FEES									
	Large	Entity	Small	Entity						
Deposit Account:	Fee Cod	Fee e (\$)		Fee (\$)	Fee 1	Description	n	See Bald		
Account Number	1051		2051		Surcharge - late	filing fee or	oath	Fee Paid		
Deposit	1052		2052	25	Surcharge - late	-				
Account Name	1053	3 130	1053		cover sheet Non-English spe	ecification				
The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments		2,520	1812 2				te reexamination			
Charge fee(s) indicated below	1804	920*	1804		Requesting pub		R prior to			
Charge fee(s) indicated below, except for the filling fee		1,840°	1805		Examiner action Requesting pub	lication of SI	R after			
to the above-identified deposit account.	1251	110	2251	55	Examiner action Extension for re		at mouth			
FEE CALCULATION	125		2252		Extension for re					
1. BASIC FILING FEE Large Entity Small Entity	1253		2253		Extension for re					
Fee Fee Fee Fee Description Fee Paid		1,450	2254		Extension for re					
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee	1255	1,970	2255		Extension for re					
1001 750 2001 375 Onlity living lee 375	1401	320	2401	160	Notice of Appe	al				
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in	support of an	appeal			
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for ora	l hearing				
1005 160 2005 80 Provisional filing fee		1,510	1451		Petition to instit					
SUBTOTAL (1) (\$) 375	1452		2452		Petition to reviv					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,300	2453		Petition to reviv		onal			
Extra Claims below Fee Paid	1501	1,300	2501 2502		Utility issue fee Design issue fe					
Total Claims20** = X =	1503		2503		Plant issue fee					
Independent - 3** = X =	1460		1460		Petitions to the		er			
Multiple Dependent	1807	50	1807	50	Processing fee	under 37 CF	R 1.17(q)			
Large Entity   Small Entity	1806	180	1806	180	Submission of I	mission of Information Disclosure Stmt				
Fee Fee Fee Fee <u>Fee Description</u> Code (\$)	8021	1 40	8021		Recording each	patent assig	nment per			
1202 18 2202 9 Claims in excess of 20	1809		2809	375	property (times Filing a submis					
1201 84 2201 42 Independent claims in excess of 3					(37 CFR 1.129	(a))				
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1810	750	2810	375	For each additi examined (37 0					
1204 84 2204 42 ** Reissue independent claims over original patent	180	1 750	2801	375	Request for C	ontinued Exa	mination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	180	2 900	1802	900	Request for ex of a design app	xpedited exar	mination			
·	Othe	Other fee (specify)								
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above		teduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								
SUBMITTED BY (Complete (if applicative)										
Name (Print/Type) VASILIOS J. THOMAIDIS	$\neg$	Registration No. Telephone								
1 1 1		(Attorney	(Agent)	_		Date				
Signature						Date				

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